

(b) It should preferably not be performed in children under ten.

(c) The surgeon must satisfy himself before operation is advised that the muscles are hopelessly paralyzed.

(d) The preliminary preparation of the foot by wrench and tenotome must correct all deformity.

(e) The operation must be so planned that the bones be in correct apposition and the deformity is fully corrected.

(f) At the ankle wedges of bone should be taken from the astragalus, never from the tibia.

(g) At the elbow Mr. Jones prefers removing a large diamond-shaped piece of skin to arthrodesis.

(h) Splints should be applied and retained till union is pronounced to be complete. The joint should then be guarded by appliances till the surgeon is satisfied that it is strong enough to bear body weight without yielding.

As a substitute for arthrodesis Barton and Plummer have employed intra-articular silk ligaments, and report themselves to be much gratified with their results. These writers pass strong strands of paraffined silk through a tunnel made first in the end of one bone then through the joint, next through a tunnel in the end of the second bone, and back again through the joint to the point of starting. The ends of silk are then drawn taut and tied.

The reason for carrying the silk through the joint is to set up a copious exudate which, by organizing later, will help to limit the motion in that joint.

It seems probable that this operation, or rather operative principle, will in time find a definite though perhaps limited field of usefulness in the surgery of infantile paralysis.

Mr. Robert Jones has laid stress upon the fact that the central lesion in spinal poliomyelitis is by no means so extensive as the muscular disability would lead one to suppose. He has further emphasized that where paralyzes of certain groups of muscles are associated with the persistence of a distortion which causes them to be overstretched, it is proper to maintain the foot for a long time in that posture of overcorrection which will most relax these muscles, in the hope that thereby they will be enabled to regain their ability to contract. To obtain this result, however, the overcorrection should be maintained for months perhaps without once permitting the limb to assume a posture which would again cause stretching of the affected muscles.

To make sure that the desired posture will be maintained, Mr. Jones excises a diamond-shaped fold of the loose skin over the overcorrected joint and, after shortening the tendons, sutures its edges together. When union has taken place, the changes of an immediate or momentary relaxation of the posture will be nil, and in a few months it will be definitely known whether or not the patient presents a muscular defect consequent upon a vicious posture or a central nervous lesion.

If the first should be true, massage and exercises, augmented perhaps by some form of tendon transference, are indicated; if the latter, one knows that when the age limits have been passed an arthrodesis will be needed.

A vast deal has been written of late years on the treatment of spinal poliomyelitis. In the preparation of this paper the writer has added to his own experience gleanings from some sixty-odd previous publications by men distinguished in this special field of endeavor. The most important of these papers he has specifically mentioned. Before closing he would like to bear witness to the benefit received from the repeated perusal of a paper entitled "A Case of Infantile Paralysis," by Professor and Mrs. Earl Barnes, late of Stanford University. A record of heroic achievement and of a deservedly great reward.

## SOCIETY REPORT

### CALIFORNIA ACADEMY OF MEDICINE.

On the evening of August 25th a meeting of the California Academy of Medicine was held, at which the following program was given:

1. Demonstration of an easily constructed case for the display of X-ray plates and lantern slides.

Report of a case of pneumonia, complicated by tympanitis; operation and recovery. T. C. McCleave.

2. A Case of Rhinoscleroma. H. E. Alderson. Bacteriologic findings in above case. E. C. Dickson. Discussed by L. S. Schmitt and L. S. Mace.

3. The Emergency Hospital at the Panama-Pacific Exposition. R. M. Woodward.

## BOOK REVIEWS

**Golden Rules of Gynecology.** By George B. Norberg, M. D., Professor of Diseases of Women and Clinical Gynecology, University Medical College, Kansas City, Mo.; Gynecologist to Kansas City General Hospital, Fellow and Ex-President Kansas City Academy of Medicine. 250 pages, 8 vo. Price, \$2.25. C. V. Mosby Co., St. Louis.

Today the effort is to become proficient in whatever one does, that is, it is a day of specialty. So this small volume hurriedly going through an extensive subject in order to supply a "busy practitioner" with a short-cut to gynecology, finds less room on the book shelf today than it did formerly.

C. B. M.

**Cardio-vascular Diseases.** By Thomas E. Satterthwaite, A. B., M. D., LL. D., Sc. D. Lemski & Buechner, New York, 1913.

In this book the author presents a revised collection of monographs written since 1905 as successive addenda to his "Diseases of the Heart and Aorta," also published by him in medical journals. The newer work on the anatomy and physiology is detailed. Various instruments of precision employed in the study of cardiovascular diseases are described, with their practical application. Several chapters deal with the purely clinical side of cardiology, with especial reference to treatment. There are many illustrations and the author's easy style, with the book's good typography make the reading pleasant.

R. B.